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Using Medicaid Data to Inform and Enhance Cancer Screening Rates

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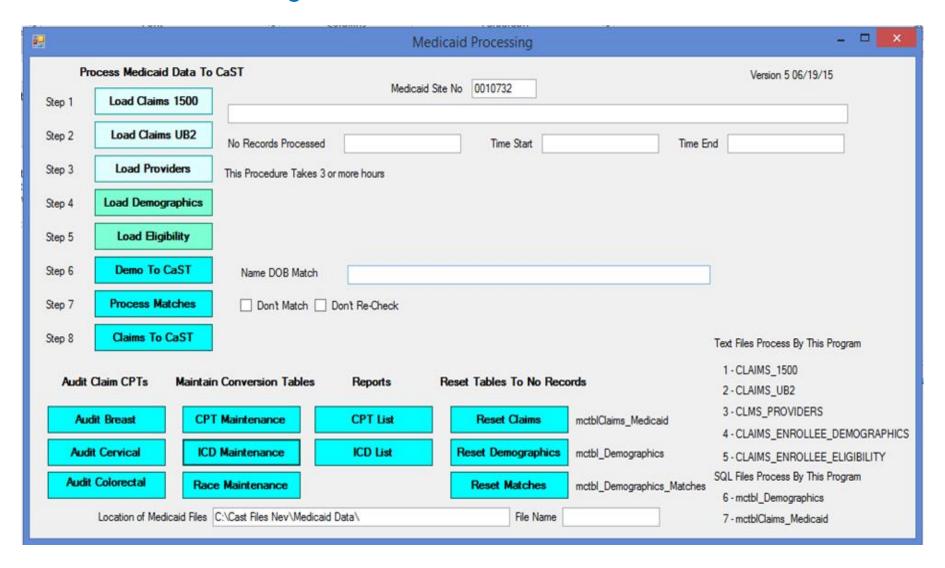
Agenda

- ➤ Data Capture Concepts
- ➤ Screening Record Demonstration
- > Potential of Healthcare Claim Data
- ➤ Cancer Screening is a Good Investment
- > Challenges
- ➤ Next Steps
- **➤** Questions

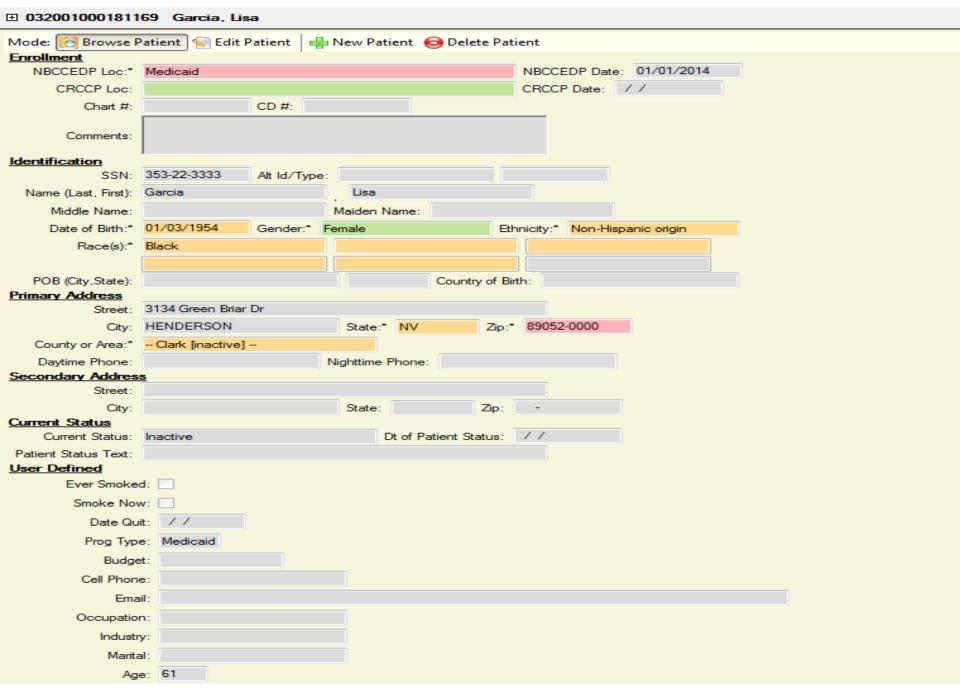
Data Capture Concepts

- ➤ Health Information Exchange Interface (HL7)
 - Provider Interface requires a transaction monitor
 - Software manufacturer must modify software to include a monitor
 - Infrastructure not in place to support public health efforts
- ➤ Electronic Data Interface (EDI) Claims Interface Follow the Money
 - Been in existence for over 30 years
 - Used by all Medicaid and Health Insurance Market Place Providers
 - Most software manufacturers include EDI claims submittal

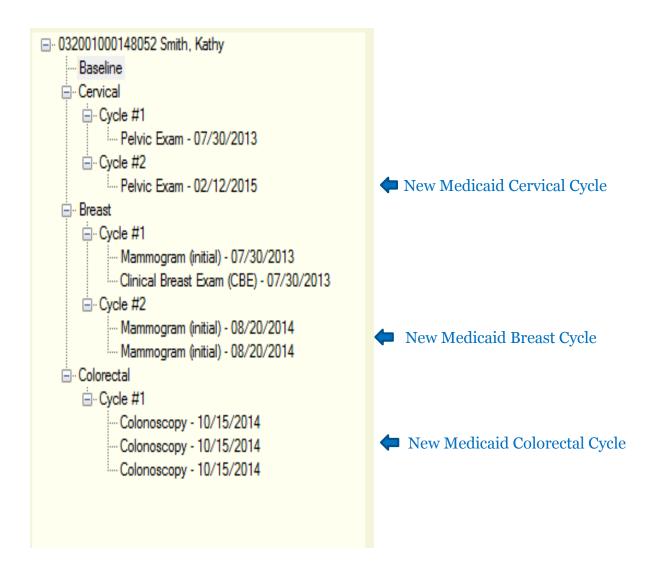
Medicaid Data Processing Module



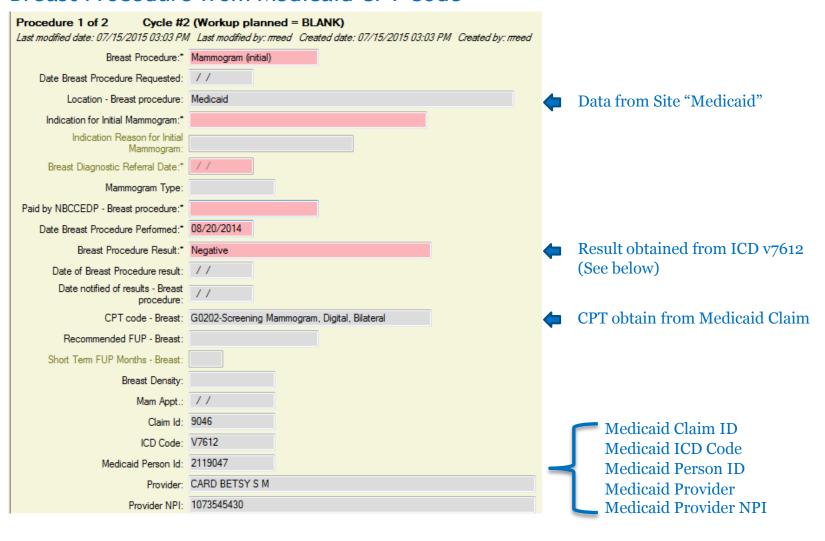
New Medicaid Client with No Claim



Client Transitioned from WHC to Medicaid

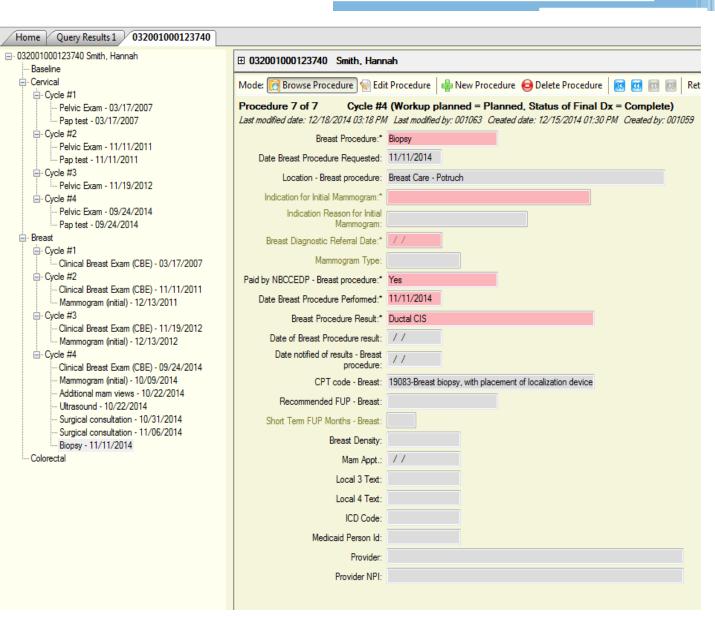


Breast Procedure from Medicaid CPT Code



Medicaid cycle

Medicaid cycle



Medicaid Unscreened

Preliminary Data (January 1, 2014 - September 22, 2015)

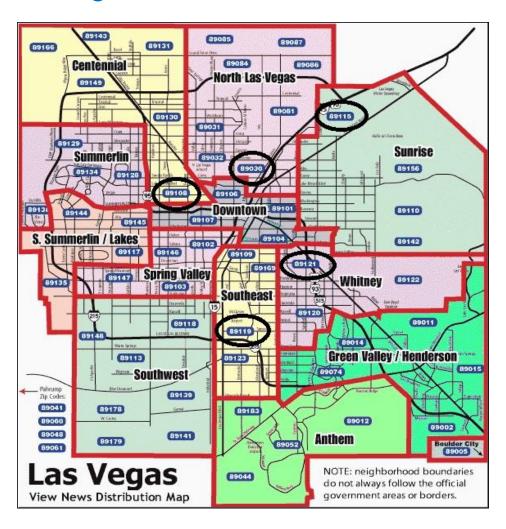
Total Medicaid Enrollments – **57,777**

- Breast Screening 39,755 (69%)
- Cervical Screening 43,823 (76%)
- Colorectal Screening 53,830 (93%)
- Total Unscreened 36,301 (63%)

Potential of Healthcare Claim Data

- Claim data can be used to obtain baseline data within Health Systems
- Claim data can be used to drive resources and interventions
- > Claim data can be used to measure interventions
- ➤ Ability to collect and analyze cost data
- ➤ Real-time claim data can be used to initiate patient navigation and care coordination
- Concept could be expanded to obtain data from other Health Systems
- Concept could be expanded to obtain data for other chronic diseases (diabetes, heart disease, tobacco, etc.)

Zip Codes with the Highest Numbers of Unscreened Medicaid Clients



Cancer Screening is a Good Investment

Stage of Breast Cancer	Average Medicaid Treatment Costs per Patient after 24 months following diagnosis
In situ or local (early stage)	\$22,343
Regional (intermediate stage)	\$41,005
Regional with lymph nodes or distant (late stage)	\$117,033

- ➤ Absence of screening was associated increased late-stage diagnosis of breast cancer
- ➤ To reduce late-stage breast cancer occurrence, we need to reach the unscreened including elderly, unmarried, low-income, and less educated

1 in 8 women will develop breast cancer in their life time

http://www.ncbi.nlm.nih.gov/pubmed/21079524

Challenges



- ➤ Lack of real-time data connection with Medicaid Data Warehouse
- ➤ Healthcare workforce shortage
- ➤ Sustainable positions to manage, maintain, and analyze data (SQL and Visual Basic programing, database administration)
- > Sustainable funding to maintain and enhance data system
- ➤ It is unknown who will implement preventive interventions
- ➤ It is unknown if funds will be available for future phases to complete:
 - Medicaid Education, Outreach and Follow-up
 - Interface with other Insurance Market Place Federal Subsidized Carriers (Total of five in Nevada)
 - Interface with Health Information Exchange (HIE) and FQHC Groups

Next Steps

- ➤ Collaborate with Medicaid to promote preventive care through evidence-based outreach and education services
- ➤ Encourage and assist Medicaid (MCO & CMO) to promote prevention which will decrease costs over time
- ➤ Refine data system to monitor screening rates and quality of care within Medicaid (MCOs and FFS)
- ➤ Promote use of Community Health Workers in clinical settings
- ➤ Seek funding to expand concept to other chronic diseases

Questions?



Thank you!

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